GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2281
ANSWERED ON:29.08.2007
NATIONAL TUBERCULOSIS CONTROL PROGRAMME
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of deaths occurred due to Tuberculosis in the country during the last two years, till date:

(b) whether the targets fixed by the Government under the National Tuberculosis Control Programme have not been achieved;

(c) if so, the reasons therefor;

(d) the details of funds granted by the Government for the treatment of Tuberculosis during the last three years and the current year, State-wise

(e) the details of Tuberculosis patients benefited under Revised National Tuberculosis Control Programme (RNTCP) in the country during the said period, State-wise; and

(f) the steps taken by the Government to streamline the effective implementation ofRNTCP?

Answer

MINISTER OF HEALTH & FAMILY WELFARE (DR. ANBUMANIRAMADOSS)

(a) Statement indicating details of TB deaths among TB patients registered for treatment reported under the Revised National TB Control Programme during last 2 years till date is given at Annexure 1

(b) The objectives of RNTCP are to achieve and maintain treatment success rate of over 85% amongst new smear positive cases, and to achieve and maintain case detection rate of over 70% in such cases. For the quarter ending June 2007 (2`d quarter), the new smear positive case detection rate was 78% and treatment success rate amongst new smear positive cases was 86%.

(c) Does not arise.

(d) The details of the funds released state-wise for the last 3 and the current year is given in Armexure

(e) Over 7.3 million patients have been initiated on RNTCP DOTS treatment since the inception of the programme in 1997. The State wise details of the TB patients benefited by the RNTCP for the year 2004,2005, 2006 and till June 2007 (1st & 2nd quarter of 2007) is given in Armexure lll.

(f) The Revised National TB Control Programme (RNTCP) widely known as DOTS, which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme from 1997 in the country in a phased manner with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases.`Since March 23, 2006, ail the districts in the country are implementing RNTCP, allowing access of DOTS to all TB patients in the country. Under the programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the normal areas and for every 50,000 population in the tribal, hilly and difficult areas. Sputum microscopy instead of X-ray avoids over diagnosis and identifies infectious cases. More than 12250 microscopy centres have been established in the country. Drugs are provided to the TB patients in patient wise boxes to ensure that all drugs for full course of treatment are earmarked the day a patient is registered for treatment under the programme. Treatment centres (DOT centres) have been established near to residence of patients to the extent possible. All government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment.

To improve quality of services, full requirement of Anti-TB drugs and Binocular Microscopes are supplied by the Centre to the States as commodity grant. For undertaking various activities for implementation of RNTCP in the State, funds as grants-in-aid are provided by the Centre to the State Health Societies for onward transmission to Districts. State TB Cells and District TB Centres have been strengthened by providing key personnel on contract basis and necessary infrastructure such as four wheelers, two wheelers, fax machine, photocopier, computer and internet facilities. All the State TB Cells and District TB Centres of the country are connected electronically and reports are received through internet. For supervision of microscopy centres and DOT centres, at the. sub-district

level TB Units (TUs) have have been setup at sub-district level for every five lakh population (for 2.5 lakh people in tribal and hilly areas). At the TU level one Senior Treatment Supervisor (STS) and one Senior Tuberculosis Laboratory Supervisor (STLS) have been provided on contractual basis who work under designated Medical Officer TB Control (MOTC) responsible for all TB control activities at sub-district level.To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, Corporate hospitals, private practitioners and NGOs in the programme.A treatment success rate of more than 85% has been reported under the revised strategy which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully treated as against below 4 in the earlier Programme. Till date, the RNTCP has placed more than 73 lac patients on treatment thus averting more than Blacdeaths.